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APPLICANTS

Karl Paul Kroetsch, Williamsville, NY;

David A. Southwick, Lockport, NY;
David W. Patterson, Wilson, NY;** CONTINUING DATA ***** *none* *DW*** FOREIGN APPLICATIONS ***** *none* *DW*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 4	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>J. M. Hallberg</i> Initials _____				

ADDRESS

22851
DELPHI TECHNOLOGIES, INC.
M/C 480-410-202
PO BOX 5052
TROY, MI
48007

TITLE

End cap with integral partial reinforcement

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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